

Biggers & Ohanian, LLP*Patent Attorneys*

P.O. Box 1469

Austin, Texas 78767-1469

(512) 472-9881

cathy@biggerslaw.com

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CENTRAL FAX CENTER****OCT 24 2005****FACSIMILE TRANSMITTAL SHEET****DATE:** 10/24/2005**TO:** Mail Box: AF
Examiner Fischer Group Art Unit: 3627**COMPANY:** United States Patent and Trademark Office**FACSIMILE NO:** 571-273-8300**FROM:** John Biggers, Reg. No. 44,537**RE:** Notice of Appeal to Final OA
dated July 22, 2005; Title:
"Inventory Controls with
Radio Frequency
Identification" Atty. Docket No.: AUS920010855US1
(027)**SERIAL NO.:** 10/062,325 Customer No. 34533**NUMBER OF
PAGES:** (Including Cover) 4**COMMENTS:** Please see attached.Certificate of Transmission by Facsimile under 37 C.F.R. 1.8

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PTO/SB/21 (02-04)

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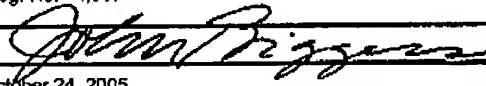
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/062,325
	Filing Date	01/31/2002
	First Named Inventor	William K. Bodin
	Art Unit	3627
	Examiner Name	Fischer, Andrew J.
	Attorney Docket Number	AUS920010855US1
Total Number of Pages In This Submission		4

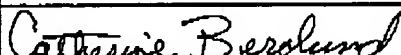
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmittal Sheet; Notice of Appeal PTO/SB/31 (2 Originals).
Remarks The Commissioner is authorized to charge or credit Deposit Account No. 09-0447. Customer No. 34533		

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Firm or Individual name	John Biggers Reg. No. 44,537
Signature	
Date	October 24, 2005

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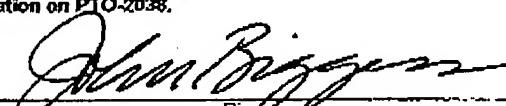
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ <u>500.00</u>	
<input type="checkbox"/> Applicant claims small entity status, See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card, Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>09-0447</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the		 Signature John Biggers Typed or printed name	
<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record <u>44,537</u> Registration number		<u>(512) 472-9881</u> Telephone number <u>October 24, 2005</u> Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>2</u> forms are submitted.			

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